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CONFIRMATION NO. 4932

<b>SERIAL NUMBER</b> 10/520,962	<b>FILING OR 371(c) DATE</b> 11/28/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> MS0012YP
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US03/21493 07/08/2003 which claims benefit of 60/394,734 07/11/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 none ESO ESO

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
210

**TITLE**  
Treatment of neuropathic pain with 6h-pyrrolo[3,4-d]pyridazine compounds

<b>FILING FEE RECEIVED</b> 1780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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